PRINTED: 07/11/2016 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6004428 06/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE: ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) \$9999 Final Observations S9999 STATEMENT OF LICENSURE VIOLATIONS 300.1010h) 300.1210b) 300.1210d)3) 300.3240a) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health. safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident. injury or change in condition at the time of notification. Section 300.1210 General Requirements for

Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

Attachment A Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 06/24/16

PRINTED: 07/11/2016 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ C B. WING IL6004428 06/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS **EVIDENCED BY:** Based on interview and record review the facility failed to comprehensively assess and implement progressive interventions to address consistent abnormal bowel elimination patterns for a demented resident for 1 of 3 resident (R4) reviewed for constipation in the sample of 14. This resulted in R4 having significant behavioral issues related bowel elimination requiring hospitalization. Findings include: 1. R4 was admitted to the facility on 2/15/16 with diagnoses, in part, of: Dementia with behavioral disturbance and lack of coordination. R4's Minimum Data Set (MDS) dated 2/25/16 documents R4 is severely cognitively impaired. R4's MDS dated 5/23/16 documents R4 requires extensive assistance with two staff members for toileting.

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issues.

Medication Administration Records (MARs) did not document any routine medication for bowel

R4's MAR documents a start date of 2/15/16 for Milk of Magnesia Suspension 400 milligrams

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET	
HILLSBORO, IL 62049	
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S9999 Continued From page 3 (mg)/5 milliliters (ml), give 30 ml by mouth as needed for constipation at bedtime with no BM in 3 days. R4's February MARs do not document administration of any medications to facilitate bowel movements. R4's March MAR documents Milk of Magnesia was given twice on 3/22/16 and 3/23/16 with "ineffective" and "unknown" documented as the results during 3/17/16-3/23/16 when R4 did not have a bowel movement. R4 was given Milk of Magnesia on 3/29/16 with results documented as "ineffective" during the time period between 3/26/16 and 3/30/16, when R4 did not have a bowel movement. R4's medical record had no documentation that the facility contacted Z2, R4's physician, of R4's inability to have a bowel movement during these times. The MAR documents a start date of 4/5/16 of Bisacodyl Suppository 10 mg, insert 1 suppository rectally every 24 hours as needed for facility bowel protocol, Glycerin Adult Suppository, insert 1 suppository rectally every 24 hours as needed for facilitate BM, and Suppository Fleet Enema 7-19 GM (gram)/118 ml, insert 1 suppository rectally every 24 hours as needed for facilitate BM. R4's April MAR documents that Milk of Magnesia was given on 4/11/16 with "ineffective" documented as the results during 4/8/16 through 4/11/16 when R4 did not have a bowel movement. R4's medical record had no documentation that the facility contacted Z2 regarding R4's inability to have a bowel movement. R4's May MAR documents Milk of Magnesia given on 5/9/16, 5/10/16, and 5/13/16 with "ineffective" documented as the results during 5/11/16-5/16/15 when R4 did not have a bowel	

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6004428 06/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 movement. A Bisacodyl suppository was documented as given on 5/14/16 with "unknown" documented as the results during this same time period. R4's medical record had no documentation that the facility contacted Z2 regarding R4's inability to have a bowel movement. R4's Nursing Notes, dated 5/23/16 documents "Called to (R4) room by Certified Nurse Assistant (CNA), (R4) up on toilet screaming for help, very agitated unable to have BM (bowel movement). upon giving PRN (as needed) enema (R4) became very combative, kicking, screaming, grabbing staff stating "I'm going to break your arm" forcefully flailing himself around, grabbed staff trying to bite them. Assisted by CNA and another nurse, (R4) was given a shower due to BM being all over (R4). (R4) returned to bed, staff trying multiple interventions to calm (R4), PRN ativan given but (R4) spit it at nurse, self inflicted s/t (skin tear) noted to left forearm, multiple attempts to reapproximate with steri strips, (R4) continued to hit, kick and cuss staff, third nurse called to room while writer phoned (E1, Director of Nursing, DON), and on call for permission to send to Emergency Room due to no PRN IM (intramuscular) available, ordered received and wife notified and agrees with transfer, ambulance phoned." On 6/6/16 at 3:05 PM, E5, CNA, stated R4 was blind and needed assistance from staff for ADL's. E5 stated R4 didn't have much of bowel movements and that R4 had a hard time with bowel movements. E5 stated R4's behaviors would increase when he (R4) needed to have a

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bowel movement and then R4 would calm down

after having bowel movement.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		, ,	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING;		COMP	COMPLETED	
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S9999	Continued From pa	ge 5	S9999	-			
	On 6/6/16 at 3:07 P Nurse, RN, stated F to the restroom and she doesn't think R bowels and would g On 6/6/16 at 3:00 P Nurse, LPN, stated hallucination and was she was unsure who	M, E6, Restorative Registered R4 was legally blind and went would use a urinal. E6 stated 4 had any issues with his po regularly. M, E4, Licensed Practical R4 sometimes had as hard to re-direct. E4 stated at R4's triggers for behaviors was blind and completely					
	medication for bowe protocol was if resid movement for 3 day would alert staff.	E4 further stated R4 required all movements and the facility dents did not have bowel ys, the computer system					
	required 2 people for trouble with having talked about his box	M, E7, CNA, stated R4 or tolieting. E7 stated R4 had a bowel movement and R4 wels a lot. M, E1, Administrator,					
	confirmed R4 had b						
	unable to see and re E13 stated R4 was would require short stated R4 would be E13 stated R4 did not movements and wo the facility generates said they pushed flualways constipated E13 stated R4 would behaviors decrease evacuation. E13 stated R4 milk of Magnesia or	M, E13, CNA, stated R4 was equired a lot of assistance. very frustrated at times and directions from staff. E13 come combative at times. Not have regular bowel uld show up on the bowel list s. E13 stated Z1, R4's wife, wids at home and he was and having bowel problems. It is to be up and down and noticed dafter successful bowel ated she knew R4 received in Miralax which was not lid have to take multiple doses					

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on duty the night of 5/23/16 when R4 was sent to the ER. E11 stated upon entering R4's bathroom, she noticed liquid BM all over R4's bedroom and bathroom. E11 stated R4 was very agitated, yelling and swinging his arms. E11 stated R4 is blind and was grabbing and punching. E11 stated she did not listen to R4's bowels during the incident of 5/23/16 and did not believe E12, LPN. did either. E11 stated E12 felt R4's stomach when R4 was in the bathroom and that R4 was tender. E11 stated she couldn't tell if R4 was in

Illinois Department of Public Health

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE COMP	SURVEY
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S9999	E11 stated she and left room to get an orbital liquid stool so so constipated. E11 stated R4 and felt hard for continued to yell, ki E11 stated R4 allow enema. E11 stated and all over himself chair and took R4 to continued to kick an fighting staff and exhis shower. E11 stated shower "I'm going to kill you." E were done giving R back to bed. E11 stated of 5/23/16. E11 stated of 5/23/16. E11 stated and she felt the could not have a boanxious. E11 stated down, or take him to decrease behaviors	of able to verbally confirm pain. E12 got R4 into bed and E12 enema for R4. E11 stated R4 is the thought he was tated she did a rectal exam on med stool. E11 stated R4 ck and curse during this time. Wed E12 to administer the R4 had feces everywhere if so E11 and E12 got a shower to the shower. E11 stated R4 ind scream, yelling profanities, wen bit E12 on the hand during ated R4 yelled during the interest of shower, they took him tated E12 gave R4 a PRN it out at E11. E11 stated she is E12 went to call Z2 for R4 to ital. E11 stated R4 had cility but nothing like the night ited his behaviors were hard to his behavior was because R4 in well movement and he was id she could usually talk R4 in the bathroom to help is. E11 stated R4 had bowel	S9999			
	medicine to help wi E11 stated R4 came Milk of magnesia. I orders to give R4 M facility protocol was they did not have a E11 stated R4's Mil then R4 had a supp sometimes work.	I that Z1 had to give him th having a bowel movement. e to the facility with his own E11 stated the facility had lilk of Magnesium and that the that residents were flagged if bowel movement in 3 days. k of magnesia was ineffective, pository ordered that would E11 stated R4 had enemas ought R4 had only received an				

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enema a couple of time since his admission. E11

STATE FORM 6899 V9WU11 If continuation sheet 8 of 12

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S9999	Continued From pa	ge 8	S9999				
	BM report around 1 that have not had a E11 stated the nurs the CNA's and then Magnesia and wait no results with the N she is unsure how suppository if there was the only reside enema order. E11 residents doctor if n suppository and no	colicy/procedure is to run a 0:00 PM and the residents BM for 3 days will be flagged, ing staff double checks with give those residents Milk of 12 hours, then a suppository if Milk Of Magnesia. E11 stated ong you wait after giving the are no results and that R4 nts she has seen with an stated she would call the 10 BM after 12 hours with a results. E4 stated she was it more than 3 days without a					
	nurse caring for R4 had behaviors and the sometimes R4 would sometimes he was blind and had confutimes. E12 stated sometimes. E12 stated sometimes. E12 stated sometimes. E12 stated sometimes to have a Ea a BM on his own with given. E12 stated R4 down on the toilet. E12 stated R4 down on the toilet. E12 stated R4 down on the toilet. E12 stated R4 down on the bathroot loose stool all over the bathroom and all own was yelling "trying to and E17 assisted R4 a digital rectal examples."	M, E12 stated she was the on 5/23/16. E12 stated R4 they varied. E12 stated Id become aggressive and friendly. E12 stated R4 was sion and hallucinations at the would notice a decrease in a successful bowel ated on 5/23/16, E17 came went to R4's room and R4 was tated R4 was agitated due to BM. E12 stated R4 can't have thout having PRN medication R4 was antsy and couldn't sit was anxious and up and E12 stated R4 was kicking stating "I can't get it out- I need m!" E12 stated there was R4's room from the bed to the per the toilet. E12 stated R4 to take a sh**." E12 stated E11 did and felt hard formed stool. nued kicking and screaming					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
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S9999	Continued From pa	ge 9	S9999			
	during this time. E1 enema and tried to "wound for sound'. successful and ther stool all over R4. E in a shower chair ar room. E12 stated F screaming during the room. E12 stated FR4 state "I'll break yof a bi*****." E12 stated FR4, E11 and E12 la she gave R4 a PRNE11. E12 stated she facility. E12 stated hitting and didn't kn stated R4 would ge	2 stated she went and got an give it to R4 and R4 was E12 stated the enema was re was fecal matter and loose f.12 stated she and E11 put R4 and took R4 to the shower R4 still continued kicking and his time and in the shower R4 got a hold of her wrist and your arm" and "I'll kill you son fated R4 bit her on the wrist. E12 stated after showering id R4 down and E12 stated I Ativan which R4 spit out at the called to send R4 out of the R4 was kicking, scratching, ow what else to do. E12 t PRN medications for bowel starts with Milk of Magnesia,	3333			
	then suppository, the was unsure if anyore 5/23/16 and stated was unsure is R4 has specify pain. E12 second it was hardened stated R4 is the online enemas too. E12 second answer as too days without a bower the facility or why the facility or why the setimes. E12 second enemals too. E12 second enemals too. E12 second enemals too. E12 stated she policy is there no BI stated she hasn't us who hasn't gone to did not consider given.	ten enema. E12 stated she he listened to R4's bowels on she did not. E12 stated she had pain as R4 could not tated she felt R4's abdomen d but wasn't too obvious. E12 y person we have been giving tated she does not have a why R4 went more than 3 hel movement during his stay at he doctor was not notified of tated she would call a after an enema with sif its too that point and that here is something more going is not sure about the facility of after 3 days. E12 further sually encountered someone the bathroom. E12 stated she ing R4's PRN anxiety the enema. E12 stated it was				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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S9999	Continued From pa	ge 10	S9999			
	generally don't ever On 6/7/16 at 11:20 a DON, stated she ha	ey (anxiety medication) n work. AM, E2, Director of Nursing, ad no reports of bowel issues he expects staff to call the				
	doctor after 3 days of no bowel movement. E2 sated that is the facility's protocol. E2 stated they do not have any documentation or policy in writing on 3 days, it's just what the facility does. E2 stated she expects nursing staff to follow through if giving a medication to help with facilitating a bowel movement. E2 stated she expects staff to call the doctor if no success within 8 hours of giving medications to help with bowel movements. E2 further stated she expected staff to call the doctor after 3 days of no bowel					
						:
	have progressive in movements, utilize even get R4 on a damedications. E2 staflags residents that and nursing is to adnot know why or ho exceeding the 3 day with the system the					
**	Protocol" dated Apr part of the initial ass physician will help in previously identified conditions an symp review of gastrointe recent hospitalization studies, endoscopie gastrointestinal trac- include: d. Pain wi	"Bowel Disorders-Clinical il 2013, documents: "1. As sessment the staff and dentify individuals with i lower Gastrointestinal tract toms. This should include a stinal problems during any on, results of previous barium es, et. 2. Examples of lower at conditions and symptoms th defecation, f. alteration in h. Residents taking				

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PRINTED: 07/11/2016 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING IL6004428 06/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1300 EAST TREMONT STREET HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 11 S9999 anti-diarrhea medications or medications related to bowel motility. 3. In addition the nurse shall assess and document/report the following: a. Vital signs, b. quantitative and qualitative description of diarrhea, c. change in mental status or level of consciousness, d. presence of fecal impaction, f. abdominal assessment, g. digital rectal examination, i. current medications." (B)

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